Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/30/10	Address:	2271 Cost A Plenty
Case #:	24F32050		Warsaw, Indiana
County:	<u>Kosciusko</u>		<u>46580</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c	☐ Hotel/Motel ☐ Open – No Structure
[_] Dumpsi	te (only)	[] Vehicle	Other:
Items Found: Location (bedroom, kitchen, open sir, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following ager		Investigative Information Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:Call from other agency ncies that serve the location:	
Fire Depart Health Dep	tment: <u>Winona Lake</u> partment: <u>Kosciusko</u> ection Service: <u>n/a</u>	Fax: <u>574-4</u> Fax: <u>(574)</u> Fax: n <u>/a</u>	<u> 267-4708</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Keith Bikowski Phone <u>574-546-4900</u>			

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.